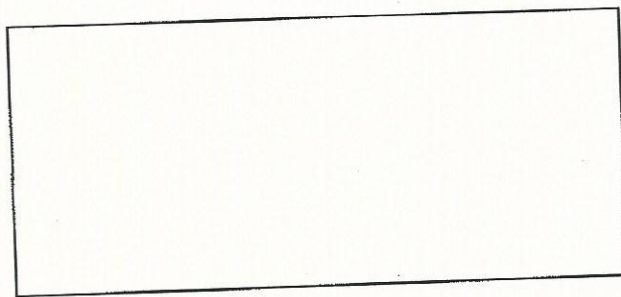


**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
NON PROFIT APPLICANTS**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/



**BEFORE SUBMITTING APPLICATION TO THE LIQUOR CONTROL COMMISSION**

- ☐ Include approval from the City, Village or County Clerk where the event is to be held
- ☐ A license fee \$40 (payable to Nebraska Liquor Control Commission) for each day/event to be licensed (i.e. if you have two separate areas at one event they both need to be licensed)
- ☐ Application MUST be received at the Liquor Control Commission Office no later than 10 working days prior to event (excluding weekends, Federal and State observed holidays)
- ☐ Letter from IRS declaring your organization exempt from payment of federal income taxes, or copy of federal tax return, as filed with the IRS, as well as affidavit signed by an officer of the organization declaring that the copy of the tax return is true and correct copy as filed with the IRS

**COMPLETE ALL QUESTIONS**

1. Type of alcohol to be served and/or consumed

☒ Beer

☒ Wine

☐ Distilled Spirits

2. Status of applicant (check one)

☐ Municipal

☐ Political

☐ Fine Arts

☐ Fraternal

☐ Religious

☒ Charitable

☐ Public Service

3. Licensee name (last, first, middle), Corporate name, Limited Liability Company (LLC)

NAME: Friends of Pioneers Park Nature Center

ADDRESS: 2740 A St COUNTY Lancaster

FILED  
CITY CLERK'S OFFICE  
2014 MAY 14 AM 11 50  
CITY OF LINCOLN  
NEBRASKA

4. Location where event will be held; name, address, city, county, zip code

ADDRESS: 3201 Coddington Ave COUNTY Lancaster

- a. Is this location within the city/village limits? ☒ YES ☐ NO
- b. Is this location within the 150' of church, school, hospital or home aged/indigent or for veterans their wives? ☐ YES ☒ NO
- c. Is this location within 300' of any university or college campus? ☐ YES ☒ NO

5. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application)

Date <u>6/13/14</u>	Date	Date	Date	Date	Date
Hours From <u>5:30 pm</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>12:00 am</u>	To	To	To	To	To

- a. Alternate date: n/a
- b. Alternate location: n/a  
(alternate date or location must be approved by local and law enforcement)

6. Indicate type of activity to be carried on during event

☐ Dance ☐ Reception ☒ Fund Raiser ☐ Beer Garden ☐ Sampling/Tasting ☐ Other

7. Description of area to be licensed

☒ Inside building, dimensions of area to be covered INFEET 30' x 32'  
Name of building Prairie Building (not square feet or acres)

☒ Outdoor area dimensions of area to be covered INFEET see map x \_\_\_\_\_  
(not square feet or acres)

If outdoor area, how will premises be enclosed

☒ fence, type of fence \_\_\_\_\_  
☐ tent \_\_\_\_\_  
☒ other, explain partial fence - see attached waiver request

\*If both inside and outdoor area to be licensed include simple sketch

8. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages.

9. Will premises to be covered by license comply with all Nebraska sanitation laws?

☒ YES ☐ NO

a. Are there separate toilets for both men and women? ☒ YES ☐ NO



10. Will there be any games of chance operating during the event? ☐ YES ☒ NO


If so, describe activity \_\_\_\_\_

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

11. Any other information or requests for exemptions:

12. Name and telephone number/cell phone number of immediate supervisor. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to.

ADAM HOHBEIN Phone: Before 402-806-3041 During 402-806-3041  
Print name of Event Supervisor

 adam.hohbein@gmail.com  
Signature of Event Supervisor

Consent of Authorized Representative/Applicant

13. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here A. Podwinski Chair 6/13/14  
Authorized Representative/Applicant Title Date

Amanda Podwinski  
Print Name

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.



**Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

FRIENDS OF POWERS PARK NATURE CENTER  
NAME OF CORPORATION

47-0766929  
FEDERAL ID NUMBER

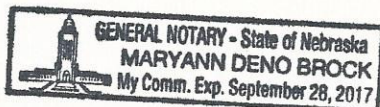
Doepodowski  
SIGNATURE OF TITLE OF CORPORATE OFFICERS President

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 7<sup>th</sup> DAY OF

May, 2014

Maryann Den Brock  
NOTARY PUBLIC SIGNATURE & SEAL





INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 16 1998**

FRIENDS OF THE PIONEER PARK  
NATURE CENTER  
2740 A ST  
LINCOLN, NE 68502

Employer Identification Number:  
47-0766929  
DLN:  
17053080802018  
Contact Person:  
D. A. DOWNING  
Contact Telephone Number:  
(513) 241-5199  
Our Letter Dated:  
January 1994  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

Letter 1050 (DO/CG)

## **Request for Waiver**

### **7. Outdoor area – enclosure**

The event will be held at the Pioneers Park Nature Center. This is an area that is already  $\frac{3}{4}$  fenced and secluded from the rest of the park. There is only one entrance into the nature center that will be monitored by volunteers. We are expecting a small, mature crowd and the anticipated end time for the event is approximately 10:00 pm. Given the nature of the event site, there is no risk of alcohol being passed outside the premises or leaving the event site.

We are requesting a waiver to allow us to not fence the remainder of the event perimeter.



20  
tables

ALTERNATE  
SEATING  
LOCATION

Grill

Auditorium

Prairie Building

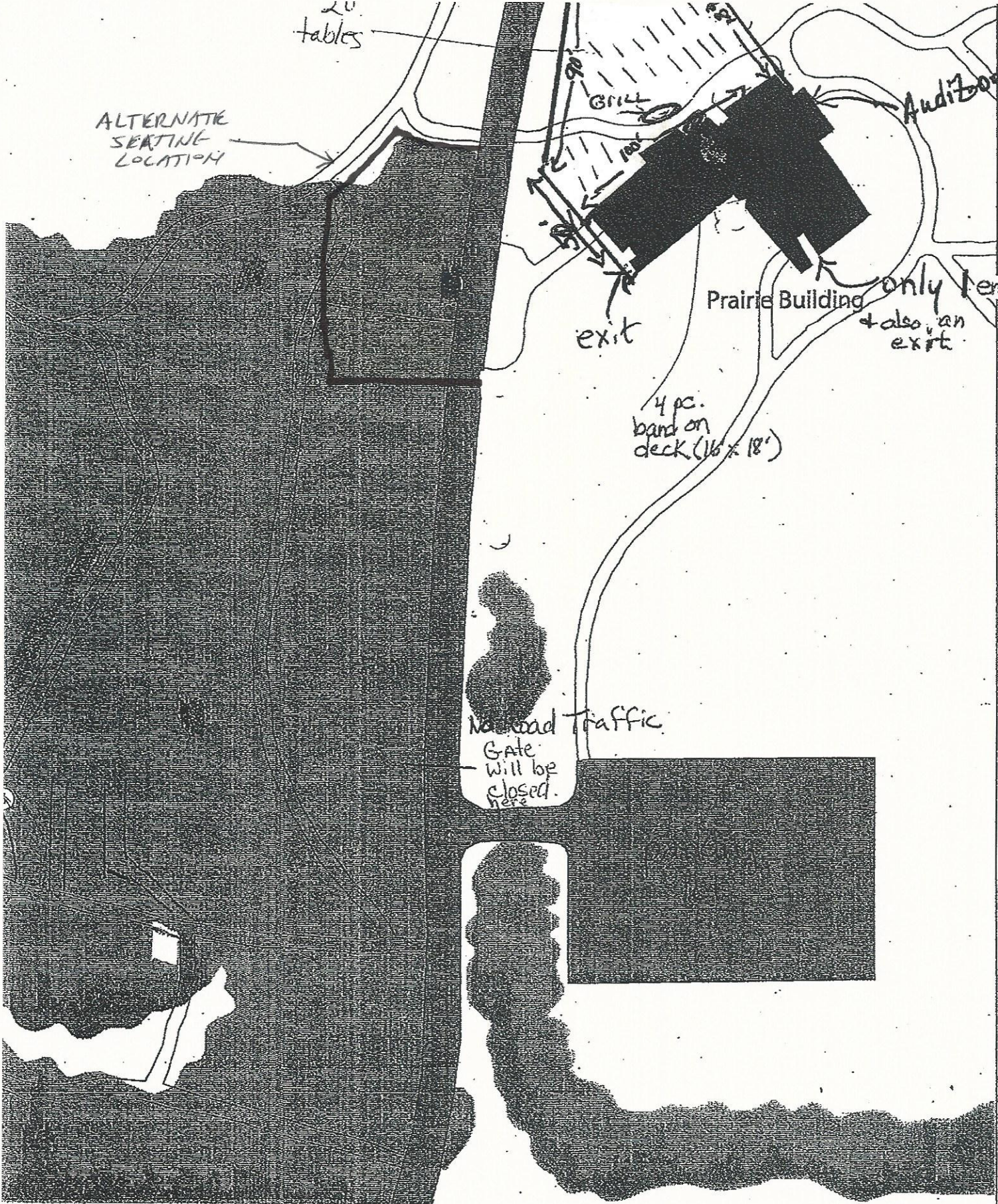
only entry  
+ also an  
exit

exit

4 pc.  
band on  
deck (16' x 18')

Northeast Traffic

Gate  
will be  
closed.  
here





# SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.  
**This applies to nonprofit corporations as well.**

[illegible]



# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	<u>Beers, Brats and Bees</u>		
Applicant and Sponsoring Organization or Individual (if applicable):		<u>Friends of Pioneers Park</u>	
Date(s) of Event:	<u>June 13, 2014</u>	Hours:	<u>5:30 pm - 12:00 am</u> <u>Nature Cer.</u>
Alternate Date(s):	<u>N/A</u>	Hours:	

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: advertised  
as 21 & over. Attendees carded and minors warned.

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: Brats,  
salads, beans, dessert

Will non-alcoholic beverages be served: ☒ Yes ☐ No  
If yes, please list non-alcoholic beverages to be served: water

Who will serve the beverages containing alcohol? Employees of Blue Bird Brewing Co  
**Must complete Server/Seller Applicant Information Sheet.**

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☒ Yes ☐ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: \_\_\_\_\_

[Signature]  
Applicant's Signature

05/14/2014  
Date



## SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (\_\_\_\_\_' x \_\_\_\_\_') *1 entry*
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (\_\_\_\_\_' x \_\_\_\_\_')
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

*See map*

ATTACH EXTRA PAGES IF NECESSARY



